

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/579118**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
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43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	90	←		←		←
TOTAL CLAIMS	97					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
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86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94	/					
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			16			